

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)

MS. ALISON B WEISS

Mailing Address 6408 OLM I LANDRITH DR

City State Zip Code
 ALEXANDRIA VA 22307-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS MUTUAL LIFE
INS.

Occupation
ASSISTANT VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 2 / 2 0 0 7

Transaction ID: 21254110

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

JOHN J. HIGGINS

Mailing Address 82 BRADLEY LN

City State Zip Code
 BRIDGEWATER NJ 08807-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256710

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DEBRA C. SLAVUTIN

Mailing Address 100 RIVERSIDE DR # 1

City State Zip Code
 NEW YORK NY 10024-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 21409007

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)